

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1.

Identifying Information

1. Given Name (First Name)

Luca

2. Surname (Last Name)

Saba

3. Date

16-July-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Can COVID19 trigger the plaque vulnerability? A Kounis syndrome warning for "asymptomatic subjects"

6. Manuscript Identifying Number (if you know it)

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4.

Intellectual Property -- Patents & Copyrights

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Dr. Saba has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Clara	2. Surname (Last Name) Gerosa	3. Date 16-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Luca Saba
5. Manuscript Title Can COVID19 trigger the plaque vulnerability? A Kounis syndrome warning for "asymptomatic subjects"		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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1. Given Name (First Name) Max	2. Surname (Last Name) Wintermark	3. Date 16-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Luca Saba
5. Manuscript Title Can COVID19 trigger the plaque vulnerability? A Kounis syndrome warning for "asymptomatic subjects"		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 1. Identifying Information

1. Given Name (First Name) Ulf	2. Surname (Last Name) Hedin	3. Date 16-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Luca Saba
5. Manuscript Title Can COVID19 trigger the plaque vulnerability? A Kounis syndrome warning for "asymptomatic subjects"		
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Section 1. Identifying Information

1. Given Name (First Name) Daniela	2. Surname (Last Name) Fanni	3. Date 16-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Luca Saba
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Section 1.

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1. Given Name (First Name)

Jasjit

2. Surname (Last Name)

Suri

3. Date

16-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Luca Saba

5. Manuscript Title

Can COVID19 trigger the plaque vulnerability? A Kounis syndrome warning for "asymptomatic subjects"

6. Manuscript Identifying Number (if you know it)

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

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Section 3.

Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

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☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Antonella	2. Surname (Last Name) Balestrieri	3. Date 16-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Luca Saba
5. Manuscript Title Can COVID19 trigger the plaque vulnerability? A Kounis syndrome warning for "asymptomatic subjects"		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Gavino

2. Surname (Last Name)

Faa

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16-July-2020

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☒ No

Corresponding Author's Name

Luca Saba

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